

BLC Registration Form



How did you hear about us? _____

Why did you choose to attend BLC? _____

Child's Name	Nickname	Date of Birth	Male/Female	Enrollment Date

Parent/Guardian Name: _____ **Email:** _____
Home Address: _____ **City/State/Zip:** _____
Employer: _____ **Address:** _____
Phone: (H) _____ **(C)** _____ **(W):** _____

Parent/Guardian Name: _____ **Email:** _____
Home Address: _____ **City/State/Zip:** _____
Employer: _____ **Address:** _____
Phone: (H) _____ **(C)** _____ **(W):** _____

Emergency Contacts (Other than Parents) and Persons authorized to pick up child:
 Enter "None" if no other person available and/or authorized for pickup.
 (Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children)

In Area Name	Relationship to child	Address	Phone
Out of Area Name	Relationship to child	Address	Phone

Picture Release – Circle one: I DO DO NOT
 Grant BLC permission to use pictures of my child for the purposes of marketing publications or other publications related to BLC including BLC's website/social media. **Initial:** _____

Transportation Waiver – circle one: I DO DO NOT
 Give permission for my child to be transported by Bennion Learning Center staff for all center activities, to and from school when applicable, and in the case of an emergency or illness. Bennion Learning Center and its Employees will not be held liable for harm or accident of any kind. **Initial:** _____

I have received BLC's Policy Summary regarding the care of my child and BLC's Service Agreement regarding its financial policies and procedures. I understand that I am required to provide a written two week notice when terminating services. If collection efforts are necessary for an unpaid balance, I agree to pay collection costs, interest, and attorney's fees.

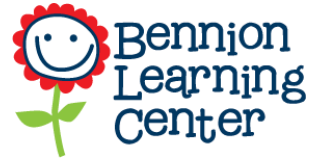
Parent / Guardian Signature: _____ **Date:** _____

STAFF USE ONLY

Tuition: Monthly / Weekly / Biweekly

Completed: Registration Form IEF Immunization Form

Bennion Learning Center, Inc.
Annual Child Health History/Assessment



Child's Name: _____ Date of Birth: _____

Please check all that apply and list any health information needed to care for your child.

Any known Allergies/sensitivities to:	<u>No</u>	<u>Yes</u>	If yes, please list:		
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Any chronic illnesses or medical conditions:			Any disabilities:		
	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
			Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
			Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
			Other (please specify):	_____	

Any additional health information not listed above: _____

Medications your child takes: _____

Any instructions for your child's daily care: _____

Date of last physical examination: _____ Date of last dental examination: _____

Name of Child's Medical Provider: _____

Address: _____ Phone: _____

Name of Child's Dentist: _____

Address: _____ Phone: _____

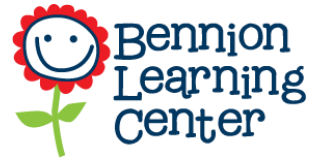
Instructions for child's emergency care: _____

***** For all food allergies, a doctor's note must be provided or all foods will be served. *****

Reminder: No outside foods are allowed beyond the front entrance of the Center. If your child does come in with food, parents will be required to stay in the front with them until they are finished. This is due to some children having severe/deadly food allergies.

Parent/Guardian Signature: _____ Date: _____

**Bennion Learning Center, Inc.
Policy Summary**



Children's Names: _____

The following summarizes Bennion Learning Center's (BLC) Policies. Please familiarize yourself with these policies before signing below. The complete policy manual is available on your request.

1. Children with major illnesses must remain at home. If your child is too sick to attend school, they are too sick to attend day care. Children with minor illnesses, however, are allowed to attend.
2. In order to administer medication to your child, you must provide a completed Medication Form. Medication will be administered one time daily, at lunch. The Staff can only administer up to the written dosage on the medication, e.g. if the medication states that the dosage is "one teaspoon," the Staff can administer one teaspoon or less of the medication as instructed. Your child's name must be clearly written on all prescription and over-the-counter medication. BLC Staff will only administer prescription medication to those they are intended for.
3. All baby food, bottles, cans of formula, juice, or other items supplied by parents for toddlers and babies must have the child's name clearly written on them. Children will not be allowed to carry sippy cups or bottles around the classroom due to allergy concerns.
4. Parents must provide disposable diapers, pull-ups, and baby wipes for their children in need. Parents will be contacted immediately if there is an insufficient supplies to properly care for their child. To prevent this from occurring, provide enough diapers for a diaper-change every two hours. All individual diapers and boxes of baby wipes must be clearly labeled with your child's name.
5. It is the parents' responsibility to keep children's BLC records current.
6. For a list of extra fees charged for events causing a change in the normal routine please see Bennion Learning Center's Service Agreement.
7. Parents are expected to speak and act in a calm, non-confrontational manner when dealing with Center Staff and any child when on BLC premises. Parents who are swearing, acting violently against their children, other children, or BLC staff, or acting in a way causing children or staff to feel uncomfortable, will be asked to leave the premises and law enforcement/CPS will be contacted if necessary.
8. Children's disruptive behavior will be addressed with positive attention and redirection. Conferences between the parent and the teacher/director may be requested in order to deal with discipline issues.
9. Phone calls to children will not be allowed in order to keep BLC's phone lines open in case of emergency. BLC staff will be happy to relay messages to your child.
10. BLC staff will take every precaution to ensure children's safety; however, children do get hurt due to circumstance beyond our control. In the case of an accident, parents agree to hold BLC and staff harmless for all injuries to children in our care. BLC does carry an insurance policy and any claims a parent may make are limited to the amount the insurance company will cover. Parents are expected to carry health insurance for their children.
11. Please direct any concerns you may have to your child's Teacher. If your Teacher is unable to assist you, see the Center Director. If you have continued grievances or concerns the Director will assist you in contacting the owners.
12. Parents' first month payment will be determined based on the date specified for enrollment. BLC charges a flat monthly rate regardless of vacations, absences or holidays. Rates are subject to change.
13. Children transported to and from school will be responsible for getting on and off the BLC vans at the assigned times. Children's names will be called 3 times prior to the van leaving for school in the morning, and the school will be called 3 times prior to the van leaving from the school to the center in the event of a missing child. Every effort is taken to avoid children missing school transportation; however unforeseen circumstances may occur where this is unavoidable. Parents will be contacted in the event a child is missed or has a delay during school transportation.
14. All children will have outside time daily – weather permitting - as well as physical development activities each day.

Parent/Guardian Signature: _____ Date: _____